

ACT 264

In 1988 the Vermont Legislature passed Act 264. The purpose of this law is to develop and implement a coordinated system of care so that children and adolescents with a severe emotional disturbance and their families receive the appropriate services and supports within the child's coordinated services plan.

ADVISORY BOARD

The Governor-appointed Advisory Board consists of nine members including equal numbers of parents, advocates, and providers. The Board's purpose is to advise the Secretary of the Agency of Human Services and the Commissioners of the Departments of Health, Children and Families, and of Education on:

- matters relating to children and adolescents with a severe emotional disturbance;
- the development and status of the system of care; and
- yearly priorities on the system of care for submission to the legislature.

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2006 Priorities:

Interagency Agreement

Issue:

The effective implementation of the expanded Interagency Agreement of 2005 between DOE and AHS will require consistent staff support. The Act 264 Coordinated Services Plan process is too valuable to leave its implementation to inadequately trained and supported staff within the partner agencies.

Recommendation:

To assure effective and accountable implementation, the Advisory Board recommends the establishment of consistent and ongoing interagency supports and structure across participating agencies that would bear responsibility for:

1. Regional orientation and training for local Act 264 participating agency representatives and facilitators.
2. Ongoing evaluation of coordinated service plans' effectiveness.
3. Ongoing problem solving and support capacity from DOE and AHS.

2006 Priorities:

Hospital Diversion

Issue:

The amount of mental health resources devoted to psychiatric hospitalization beds is substantial, larger than necessary, and continues to rise.

Recommendation:

The Board recommends that the Department of Health, the Department for Children and Families, and the Department of Education:

1. develop a plan to identify a geographic distribution of acute and sub-acute care options for children and youth that is both responsive to family needs and financially sustainable.
2. build in flexibility of use and multiple funding sources/options to ensure economic viability in spite of seasonal variation in the demand for hospital diversion beds.

3. expand the plan developed by the Department of Health's Division of Mental Health to ensure that children are transported to hospitals in the least restrictive manner appropriate to maintain their safety needs to include children in State custody.
4. expand developmentally appropriate community mental health options for transition age youth to address gaps in the system of care.

<u>2006 Priorities:</u>	<u>Transition</u>
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Issue:

Many Vermont adolescents need assistance to successfully transition to adult life.

Recommendation:

The Act 264 Board supports AHS Secretary Mike Smith's priority of assisting youth to transition to adult life successfully. Specifically the Board recommends the following immediate steps.

1. Increase funding to Vermont's JOBS program.
2. Create statutory language that ensures a commitment to providing substitute care funding to youth in our child welfare system until they obtain a high school diploma or GED if they agree to do so.
3. Create a Transition Task Force to examine the following issues. Membership should include both state and non-state partners, as well as youth as full task force members.
 - a. Identify current barriers to successful transition to adult life.
 - b. Create statements of best/promising practice for services to transition-aged youth.
 - c. Address ways to train workers (both system and non-system) who serve transition-aged youth in best practice.
 - d. Examine eligibility criteria for social and mental health services and explore the expansion of eligibility beyond 18. This might include examining ways to enhance DCF support for youth aging out of foster care and easing access to mental health services for individuals aged 18-24.
 - e. Examine the possibility of continuing Dr. Dynasaur Medicaid coverage until age 21.
 - f. Increase community-based supports for unaccompanied transition-aged youth.
 - g. Investigate options for increasing housing and age-appropriate shelter supports specific to transition-aged youth.

<u>2006 Priorities:</u>	<u>Trauma</u>
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Issue:

Trauma is a significant issue for children, adolescents and their families in Vermont, resulting in a tremendous social and financial cost to our state.

Recommendation:

The Board recommends that Vermont increase its capacity to provide effective support to children, youth and their families who have experienced trauma.

Consistent with the consultation reports to the state of Vermont by Pearlman (2005) and Moroz (2005), three base strategies need to be implemented.

1. All agencies and organizations that work with youth and families develop standard protocols for providing on-going training to all staff, particularly new employees.
2. These trainings will be designed to increase staff awareness of the symptoms and long-term effects of trauma.
3. Agencies providing intervention services need to prioritize treatment approaches that are consistent with evidence-based or promising practices in the field.